## Best Avallable Copy

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

14497

CLAIMS AS FILED - PART I (Column 1)						mn 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			14					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			14 minus 20=		. 6			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			6 minus 3 =		. 3			X40=		OR	X80=	240
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	<i>~ 10</i>
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	ļ	TOTAL		OR	TOTAL	950
CLAIMS AS AMENDED - PART II								· !			OTHER	
(Column 1)			(Colum					SMALL ENTITY		OR	SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	+ 	Minus	***		[=		X40=	•	OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT			CLAIM		۱ <u> </u>	+135=		OR	+270=		
	·						i	TOTAL ADDIT. FEE			, TOTAL	1
*	(Column 1) (Column 2) (Column 3)								: ·	JO. 1	ADDIT. FEE	
AMENDMENT B		CLAIMS		HIGH	EST		1		ADDI-		<del></del>	ADDI-
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=	1	X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JETIPLE DEF	PENDEN	CLAIM		ا ا	+135=		OR	+270=	
							L	TOTAL			TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	•	ADDIT. FEE		ı	ADDIT. FEET	
AMENDMENT C		CLAIMS		HIGH	EST		1 г	T	ADDI-			ADDI-
	,	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	F	RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	<b>]</b>	X40=			X80=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA						<b> </b>	7,70-		OR	7.00-	
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								3-	OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Pai					er fou	nd in the app	ropriate box	in col	umn 1.	